



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

Board of Supervisors
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Second District

ZEV YAROSLAVSKY
Third District

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Fourth District

MICHAEL D. ANTONOVICH
Fifth District

August 19, 2009

To: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

A handwritten signature in black ink, appearing to read "W. T. Fujioka", is written over the printed name and title.

INTERIM REPORT ON PLAN FOR DEVELOPING INTEGRATED SCHOOL-BASED HEALTH CENTER PROJECTS

On March 10, 2009, your Board approved a motion by Supervisors Ridley-Thomas and Molina (Attachment I), which directed this Office, the Director of Mental Health, and the Interim Director of Health Services to report back within 60 days with a plan, including a timeline, for developing at least five potential integrated school-based health center projects within the County. The proposed projects would enable the integration of behavioral health services with County-funded primary care services at school-based health center sites.

Attachment II is the interim report which summarizes the information obtained through our efforts to date in developing that plan. To advance the collaborative effort, this Office established a County working group, led by the Deputy Chief Executive Officer, Health and Mental Health Services (HMHS), and consisting of staff from this Office and the Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH). Staff from DPH were included in the working group, because of the demonstrated need for public health services in the student population served by most school-based health centers.

"To Enrich Lives Through Effective And Caring Service"

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Meetings of the County working group have been conducted to discuss the current services provided at school-based health clinics and a possible framework for the plan the group will ultimately recommend to your Board. The attached report provides key considerations and the framework for developing the plan for potential integrated school health center projects. The report also provides background information on school health centers, including a description of services provided and the particular importance of mental health services in addressing the needs of the middle-school and high-school children.

LA Health Action-Affiliated Group

In addition to the County's own efforts to develop a recommended plan for school-based health center projects, a separate effort is underway involving an ad hoc group working with LA Health Action, with a broader goal of developing a Los Angeles framework for improving school-based health, with a current focus on LAUSD school health services.

Following your Board's approval of the motion on school-based health center projects, staff from this Office and DHS have participated in meetings with the LA Health Action-affiliated group to coordinate our efforts, as appropriate. This was done not only to maximize the benefit from the work being done by this separate group, but to recognize the potential for leveraging LAUSD funds which are available for Joint Use Health Facilities. These joint use funds are available for innovative partnerships to expand existing and build new school based health centers.

Planning Coordination with Funding Opportunities

The County's working group is also targeting its efforts to maximize the potential of incorporating school-based health center projects which may be eligible for funding from the DHS solicitation to award one-time funding for expanded clinic capacity. Proposals have been received, and DHS is completing its evaluation and will be developing funding recommendations. They expect to present your Board with recommendations for contract awards by November 2009.

Additionally, the County's working group will work closely with DMH as it develops its implementation plan for Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds, a portion of which has been proposed for school based projects. The stakeholder-approved MHSA PEI plan has been submitted to the State for review, and DMH anticipates State action by September 2009. During the upcoming months, DMH will be meeting with your offices to further discuss the implementation of the MHSA PEI plan.

Each Supervisor
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While the motion approved by your Board directed a report back within 60 days, we have found that additional time is needed to address the scope of work involved in developing recommendations for these projects, including meeting with and obtaining input from stakeholders whose support will be critical in ensuring successful implementation.

In addition, given the fiscal challenges facing all jurisdictions, including the County, the outcome of pending funding opportunities is critical to this planning effort. Therefore, consistent with the timeframe for decisions on these potential funding opportunities, we anticipate providing your Board with our next report, including the County's working group recommendations, in October 2009.

If you have any questions, please call me or your staff may contact Sheila Shima at (213) 974-1160 or sshima@ceo.lacounty.gov.

WTF:SRH:SAS
MLM:JS/CZ:yb

Attachments

c: Executive Officer, Board of Supervisors
County Counsel
Interim Director, Department of Health Services
Director, Department of Mental Health
Director and Health Officer, Department of Public Health

AGN. NO. _____

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND
GLORIA MOLINA****MARCH 10, 2009**

School-based health centers are a proven cost effective means to provide a range of quality health care services to children, adolescents and at-risk youth, preventing worsened chronic conditions, inappropriate emergency room use and avoidable hospitalizations. Other counties, such as Alameda County, have developed models that demonstrate how mental health outcomes improve and children are more ready to learn when they receive appropriate integrated health and mental health services at a school based health center site.

Various public and private funds could be leveraged to support school based health centers that provide integrated behavioral and medical services. For example, the Mental Health Services Act (MHSA) dollars are available to fund programs that, among other things, reduce school failure or dropouts that may result from untreated mental illness. While the State may try to redirect a portion of the \$40 million in MHSA funding for innovation allocated to Los Angeles County to balance its budget shortfall, Los Angeles County will still receive a significant portion of those funds along with roughly \$105 million in MHSA funding for ongoing prevention and early intervention programs – 65% of which were voted by County stakeholder delegates to be spent on children, transitional age youth and their families.

- M O R E -**MOTION**

MOLINA	_____
RIDLEY-THOMAS	_____
YAROSLAVSKY	_____
ANTONOVICH	_____
KNABE	_____

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND
GLORIA MOLINA
MARCH 10, 2009
PAGE TWO**

Another example includes Public-Private Partnership (PPP) Program Funds. On January 27, 2009, the Board of Supervisors approved \$44.8 Million for the Public-Private Partnership Program to be used for capital and operational expenditures in SPA's 1, 3, 6, 7 and 8. A portion of those dollars could potentially be used to support integrated school-based health center sites within those service planning areas (to the extent doing so would be consistent with those already approved motions). These are just a few of the opportunities that exist to leverage federal, state and local funds.

I, THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

Direct the CEO, the Director of the Department of Mental Health and Interim Director of the Department of Health Services to report back with a plan, including a timeline, for developing at least five potential integrated school-based health center projects within the county. These proposed projects would enable the integration of behavioral health services with county-funded primary care services at school based health center sites.

1. The CEO and agencies' report to the Board should discuss:
 - a. the location of potential projects to ensure that they target underserved children;
 - b. a recommended budget;
 - c. opportunities to leverage funds, including LAUSD joint use bond funds, other school district funds, PPP program and infrastructure dollars, MHSA prevention and early intervention and innovation funds, Medicaid and SCHIP funds, economic stimulus package funds, and private philanthropic dollars;
 - d. the extent to which these projects could be sustained, replicated and expanded beyond three years; and
 - e. performance measures and timelines to ensure these projects could be adequately implemented, monitored and evaluated to ensure accountability and encourage best practices.

- M O R E -

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND
GLORIA MOLINA
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2. The CEO, Director of the Department of Mental Health and Interim Director of the Department of Health Services are encouraged to use the non-profit Integrated Behavioral Health Project as a resource for potential model approaches that have successfully integrated behavioral and medical services statewide and nationwide. They are also encouraged to work with the appropriate school district officials to identify opportunities to leverage joint dollars.
3. The Board's intent is that these proposals be developed in a manner consistent with the MHSA stakeholder process to allow for appropriate community input.
4. The CEO should report back to the Board within 60 days.

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INTERIM REPORT ON PLAN FOR DEVELOPING INTEGRATED SERVICES AT SCHOOL-BASED HEALTH CENTERS

On March 10, 2009, the Board of Supervisors (Board) approved a motion by Supervisors Mark Ridley-Thomas and Gloria Molina directing the Chief Executive Officer, the Director of Mental Health and the Interim Director of Health Services to report back in 60 days with a plan for developing at least five potential integrated school-based health center projects within the County. The proposed projects would enable the integration of behavioral health services with County-funded primary care services at school-based health center sites.

OVERVIEW

In response to the Board's direction, the Chief Executive Office (CEO) established an interdepartmental County workgroup consisting of representatives from affected County departments, as shown on Attachment IIA. Meetings of the County workgroup have been conducted to discuss the current services provided at school-based health clinics and a possible framework for the plan which the workgroup will ultimately recommend to the Board.

In a separate, but related, effort an ad hoc group affiliated with LA Health Action is working on a broader project with the purpose of developing a Los Angeles framework for improving school-based health, with a current focus on the Los Angeles Unified School District (LAUSD) school health services. Member organizations of the LA Health Action-affiliated group are shown on Attachment IIB.

Following the Board's adoption of its motion, CEO and DHS staff have been participating in the meetings of the LA Health Action-affiliated group. Given the overlap between some of the issues being discussed by both groups, the effort to develop the County's plan for integrated school health center projects is being coordinated with the work of the LA Health Action-affiliated group.

This interim report provides background information on school health centers and an overview of the issues related to integrated school health center services and funding. This information provides the framework for developing the plan for potential integrated school health center projects.

The final report is expected to be provided to the Board by October 2009, consistent with the anticipated timeframe for completion of the DHS solicitation process to award funds for expanded clinic capacity and the planning process underway for proposed use of Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds, a portion of which is potentially available for school related projects. Coordination of these efforts is critical in leveraging funding opportunities to implement the potential school health center projects.

DEVELOPING THE PLAN - KEY CONSIDERATIONS

While the County, along with other public and private entities, is facing financial challenges, a key consideration in developing the plan for integrated school health center projects (ISHCs) is the current opportunity to leverage available funds, as identified below. Critical also is the need to identify sustainable resources going forward.

Other key considerations in developing the plan are the target population to be served, scope of services to be provided, and the model or standards for operation, including: a) provision of care for students alone or for families and other members of the local communities; b) the service mix of primary health care, mental health care, and care typically associated with public health and wellness; and c) developing new clinics from the ground up, adding new or currently missing services to existing clinics, or better coordinating and integrating services funding that may already be available from existing clinics.

The following information will be discussed further by the County workgroup as the framework for developing the plan for potential integrated school health center projects.

Funding Opportunities

The effort to develop ISHCs is particularly timely given recently-emerged opportunities to identify and leverage potential funding from a variety of sources. As identified in the motion, potential funding streams have been offered to expand community clinic services, including the one-time funds approved by the Board to expand clinic capacity, LAUSD joint use funds for partnerships to provide primary health and mental health care and other services, and possibly MHSA PEI funds to the extent approved PEI plans overlap ISHC initiatives.

In addition, CEO staff are working with LAUSD and Los Angeles County Office of Education (LACOE) staff to see whether there is potential for increasing Medi-Cal Administrative Activities funding available to both counties and school districts. An initial meeting was conducted by CEO staff to discuss this issue and identify areas requiring further review.

There are a number of potential funding opportunities to support ISHCs in Los Angeles County. This is important because school health centers can only achieve financial stability through the receipt of operating resources from a wide variety of funding streams. These generally fall into three categories: third party revenue, local base funding, and funding from State, federal and private organizations.

Third party revenue sources include private insurance for qualified patients, and patient self-pay or co-payment programs for patients with sufficient resources. A prerequisite for insurance reimbursement is often the clinic's inclusion in an insurer's network of providers.

There is also the opportunity to review existing allocations of County funding to ensure that they are being spent in the most effective manner. School district funding may include construction bonds, joint-use dollars, and district operating funds.

Research by CEO staff discovered a guide for determining the suitability of funding sources which provides five criteria for exemplary school health center funding strategies, as identified by the National Assembly of School-Based Health Care's (SBHC) "National SBHC Finance and Patient Revenue Study", (June 2002), as follows:

- **Comprehensive Program:** Ensuring that total revenue (both cash and in-kind) supports a program that includes minimum service hours of medical care, mental health care, health education and promotion, and youth development.
- **Diversified Funding:** Multiple funding sources, including at least one local source of support to ensure long term sustainability.
- **Core Support:** Between 30 percent and 60 percent of revenue from a single source (unless the source is patient revenue, in which case there is no upper limit), which is continually renewable but not necessarily guaranteed.
- **Third Party Billing:** The ISHC must be able to bill patients and third party payers to the extent available.
- **Replication Potential:** Core support should not depend on an environment, situation, or relationship that is unique and therefore cannot be replicated in different service areas.

Potential Concepts for ISHC Model

A potential model would include community based organizations under contract with either the school district or the County to provide primary health care services, as well as mental health and public or preventive health care, or who subcontract with specialty providers to do so. One reason for partnering with private providers is their greater ability for obtaining private grants and donations; private donors are generally less inclined to donate to government-run entities.

A key consideration to the design and operation of ISHCs is the target patient population. Wide support can be found for targeting medically underserved areas and populations, since that is where the greatest need and insufficient services are most likely to be. The title "school" health center may suggest a service limited to students. However, schools can serve as community centers by offering, to a broader population, a wider variety of services besides education, including health, wellness, and fitness centers. Accordingly, a model often considered ideal is one which provides that appropriate access and privacy is available to patients coming from the community and the school.

In addition, because funding streams are often limited to certain populations in accordance with eligibility rules, a wider target population that includes students' families and nearby residents could yield a broader patient population, which in turn may promote sustainability by maximizing the variety of available funding to support overall clinic operations. Making care available to a community broader than students also promotes continuity of care over a longer period, since local students will attend the particular school at which a clinic is based only while enrolled at the school. Services which are school-based or –linked, but community focused, would allow youths to begin receiving care while attending lower grade-level feeder-schools and after graduation from high schools.

The scope of services offered at a model ISHC will vary by discipline. Primary medical health care services are important not only because of the great need, but because these are among the services with relatively more stable sources of funding. Mental health services would include prevention and early intervention, as well as traditional mental health care focusing on mild to moderate conditions, instead of serious mental illness better treated at facilities capable of more intensive care. Key public health care services for ISHCs include preventive health and education, for example, to address issues such as nutrition, obesity, and substance abuse.

The LA Health Action-affiliated group has drafted proposed standards for ISHCs in Los Angeles County, including the services which ideally would be provided at these sites and other standards which would be necessary for effective and efficient operations. The County workgroup is reviewing these draft standards to see whether they are appropriate to include in the plan being developed and recommended to the Board.

As desirable as the ideal ISHC model would be, there are challenges to swiftly implementing the ideal model. Among these challenges are protracted timing in selecting appropriate new sites and providers, the scarcity of readily available new or additional base funding, and the time and experience required to establish close relationships among new providers and other stakeholders.

Possible Options for Developing ISHCs

Given the challenges of timing, funding and expertise needed to immediately establish “model” ISHCs at different sites in the County, the County workgroup is considering different options which may be readily implemented, in addition to the option of building from the ground up. These options involve working with clinics that already provide school health services and can be modified to become ISHCs relatively quickly by adding one or more services, or integrating other elements of the model which would be ideal for a particular site.

An option may involve working with existing school-based, or school-linked, clinics that are already Federally Qualified Health Centers (FQHCs), and would be able to expand or add mental health services that are not yet integrated into the existing clinic. The appeal of this approach is based on the fact that there already exists in Los Angeles

County many school health centers that operate under various degrees of integration. This option could be implemented by working with the existing provider to expand the array of services already provided at the site. Another approach would be to establish a lead provider who coordinates and promotes integration of services by the other providers in various disciplines.

Still another option would be to better integrate the full array of services that may already exist at the clinic, but which only lack better coordination. The addition of staff to act as service integrators, or organization facilitators, to a clinic that already offers a rich mix and variety of services could lead to a successful ISHC.

Regardless of the option, there are some important elements that should be present in each. First, a well developed infrastructure, drawn from the County and school district, to provide direction, support, and to coordinate relationships and agreements among the different stakeholders. Second, involvement of the broader community in the design of services and the selection of clinic locations and contract providers is important to promote stakeholder interest and consent. Third, an important aspect of successful integrated clinics is a commitment of resources, both financial and human, by all the stakeholders involved. This is clearly a very big challenge in the current economic environment and must be addressed by the County workgroup.

Possible Locations

The County workgroup is looking at determining a methodology for selecting potential locations. One option would be to include school health center proposals, if any are submitted and awarded funds as part of the DHS solicitation for the Clinic Capacity Expansion Project, as well as proposals which are submitted for the LAUSD "health hot spots", which may be awarded joint use funds. These school health center providers may be eligible to submit proposals for MHSA PEI funds in those instances where PEI plans and ISCH plans overlap.

Possible locations for school health centers should be thought of strategically. The needs of each specific location should be considered in order to customize a successful model that addresses the needs of that particular community. School health center sites would not be proposed in locations where there is already a competing community health center in the area.

Areas of unmet need will be considered, consistent with the effort by LAUSD to examine areas of need based on public health data on health indicators. LAUSD mapped their findings at school complexes which further resulted in their "health hot spots."

A strategy for selecting locations will be based on examining schools that currently have school health centers in place, have an FQHC nearby, and have initial efforts for coordination of services. For example, some schools may have mental health services in place, but not primary health services, and vice versa.

Performance Measures/Accountability

The success of school health centers is not solely based on having a health center on a school site, but on effectively organizing a system of care that identifies health risks and intervenes with students and families that are at risk, and treats children and families for health related complexities. Effective systems of care should build community health networks that reach out to the needs of the community, and provide not only health and behavioral health treatment, but health and mental health early intervention and education.

Health and mental health are critical to long term outcomes. As such, the long term goal is to accomplish long term results that positively impact families and quality of life in the County of Los Angeles.

Performance measures should include tools that assess integrated outcomes for improved health and academic outcomes. The County workgroup will continue investigating research tools that can be used for measuring performance outcomes. These discussions will include representatives from educational institutions to ensure their input regarding educational measures.

SCHOOL HEALTH CENTERS – BACKGROUND

The key considerations above were developed in reviewing reference materials and in discussions with County Department staff, representatives from the LA Health Action-affiliated group, and other individuals experienced with school health centers. That background information is summarized below.

School health centers have been in place for some time, encompassing a variety of models. A school-based health center provides services to students at clinics on the school campus. "School linked" health centers are located at an off-site facility and have formal operating agreements with one or more schools. Services may also be provided on campus by mobile vehicles, which can serve multiple school sites.

As discussed below, some school health centers provide services only to students and some provide services to students, their families and other members of the community. Most school health centers are located at middle schools or high schools, although some have discussed locating school health centers at or near elementary schools in order to encourage healthy behaviors and preventive measures in younger children.

The scope of services varies among school health centers, based in part on the clinic hours of operation and whether the staff are full-time or part-time. Services at the more comprehensive school health centers include both primary health services and mental health services, typically including physical examinations and mental health assessments, screening, diagnosis and treatment of acute illnesses and certain chronic conditions, health education, immunizations, counseling, referrals, and follow-up.

These health centers are designed to prevent sickness, promote health and well-being, enhance the delivery of services to target populations, and improve school attendance and performance. Benefits include increasing access to care, reducing health disparities, and decreasing the likelihood of conditions that require additional treatment of acute or chronic conditions in more expensive settings.

Funding for school health centers includes Medi-Cal, Child Health and Disability Program (CHDP), Healthy Families and Healthy Kids. Schools may contribute financially by paying for the health services and mental health services provided by the centers or by allowing private providers to provide services on the school campus, and covering the cost of space, utilities and custodial services. Some school health centers may receive funds from private sources. However, school-based health centers which serve only children at the schools generally do not have sufficient self-sustaining revenue streams, and they continue to face challenges in securing additional grants and donations.

Integrated Behavioral Health Services at School Health Centers

While school health centers have historically provided primary health care, the need for mental health services, in particular, has grown significantly in recent years. School health centers serving middle-school and high-school age children have also seen increasing demand for reproductive health services and substance abuse services. The individuals with whom CEO staff met indicate that a model which integrates these services is the most effective way of better serving the student population and maximizing limited resources in communities where these services are most needed.

Concept of Integrated Behavioral Services: One model being reviewed in developing this plan presents the integration of health and behavioral health as essential in providing services to students, families, and communities. Research has demonstrated that the academic performance of students is directly related to their physical and mental health. Schools allow health care providers access to a student and community population in need of prevention and early intervention, health promotion, and treatment.

In identifying program components common to successful integrated school health center models, it is important to note that one size does not fit all. The model appropriate for one clinic may differ from the model that best works for another clinic, depending on the community, patient population, funding resources, service need, provider availability, the level of commitment by school administrators and others, and the preferences expressed by students, parents, school administrators, and officials from the County or other agencies involved. Therefore, the model ultimately recommended will be designed with flexibility to be adapted to the student and community population at sites recommended for the plan.

Ideally, the model for integrated behavioral services at school health centers achieves two kinds of "integration". The first involves good coordination of the appropriate mix of patient care disciplines: primary medical care, mental health care, and public health or preventive health care (such as wellness, education, and prevention), all of which are coordinated through proper case management. Co-location of services alone does not equal integration or good coordination. The second kind of integration ensures that strong working relationships are established among the parties involved in administering and operating the clinic. While different agencies may be involved in providing services at the clinic, their interaction should appear seamless to patients.

Integrated Behavioral Health Project (IBHP): The IBHP is an initiative funded by the California Endowment, in partnership with the Tides Center. As encouraged in the Board's motion, the interdepartmental County workgroup reviewed the IBHP approach, which involves the close coordination and collaboration between medical and mental health service providers, ideally resulting in a seamless continuum of care for patients.

The IBHP model establishes close collaboration of disciplines and stakeholders in a fully integrated system, characterized by medical and mental health professionals who share the same sites and systems, as well as the same expectation of a team offering prevention and treatment. Professionals have an in-depth understanding of their respective roles and cultures, consciously strive to balance power and influence among the professionals according to their roles and areas of expertise, and regularly participate in collaborative team meetings to discuss patient issues and team coordination. Much of the ability to achieve a high degree of integration depends upon leadership at the clinic and in the governing organization(s). Successful models feature an entity, group, or person with the commitment and authority to champion the integrated model throughout its development and operation.

Alameda County School Health Services

One of the most fully developed models for school-based health centers has been implemented in Alameda County, in a partnership between the County of Alameda and the Oakland Unified School District to establish the Alameda County School Health Services Coalition (ACSHSC). The LA Health Action-affiliated group has been in discussions with Alameda County staff about their model and efforts to develop, sustain and expand it. LAUSD, CEO and DHS staff recently conducted a site visit to three school health centers in Alameda County, and the information obtained in that visit will be discussed with the County workgroup for consideration in developing the County's plan.

IBHP representatives indicate that the Alameda County model meets the IBHP definition of integrated services. School health centers in Alameda County are coordinated by the ACSHSC, a cross-disciplinary stakeholder group including health care providers and practitioners, school and school district administrators, patient and student advocates, the Alameda County Health Care Services Agency (HCSA) and the

Alameda Board of Supervisors. Clinics are expected to treat any student who presents for care regardless of resources.

In Alameda County, all school health centers have been high school based and accessible only to students. Parents sign waivers at the beginning of the school year which allows students access to services. The confidentiality this model provides for the students seeking mental health and reproductive health services is important in connecting with children who might otherwise not seek needed services. Alameda County is now working on opening school health centers at middle schools, and making them open to families and the community.

Alameda's service delivery system is founded upon contract providers who are FQHCs either based at, or linked to, school campuses. Alameda County HCSA contracts with the FQHC providers to render services, who in turn subcontract with community based organizations to link mental health services.

Alameda County financially supports its school health clinic providers with a base funding allocation of between \$100,000 and \$200,000 annually for each clinic, utilizing Tobacco Settlement dollars and revenue from an initiative approved by Oakland voters in 2004, Measure A, the Essential Health Care Services Initiative. The school health centers have used these local funds to draw down State and federal funds to operate their centers. This base funding is critical to these student-only clinics, which otherwise are difficult to sustain financially.

In addition to being the primary contract holder, the Alameda County HCSA provides technical assistance, data collection, planning, and leadership. Staff from County agencies, schools, and providers are fully integrated in the provision of care and administration of health centers. The participation and support of the school administration is considered essential in ensuring the success of school health centers. Moreover, the County employs dedicated staff to administer and support the programs, both within HCSA and at the school district.

In terms of outstanding issues, discussions with Alameda County identified the need to resolve issues which restricted the sharing of student information between the health care providers and the schools/school districts, and to look further at ways of maximizing federal funds available to both counties and school districts.

Current and Planned School Health Centers in Los Angeles County

The County workgroup is continuing to assemble and review information on school health centers that currently exist in the County, and those that are being expanded or newly developed, including sites selected by LAUSD as "health hot spots". County staff have visited some sites in order to obtain information to develop the proposed staffing and budget for the "model" ISHC and other components of the plan. Examples of representative health centers as currently operated or conceived in the County is summarized in Attachment IIC.

While the work so far has largely involved coordination with LAUSD, CEO staff have also met with LACOE, and, potentially, will meet with other school districts to ensure that the proposed plan considers areas throughout the County. The County workgroup will determine efforts which may already be underway in their schools regarding integrated services at school health clinics. These findings will be addressed in the final report.

County Role in Integrated School Services

As a major provider of health, mental health and substance abuse services, County departments could play important roles in the coordination of primary care and behavioral health services provided at school health centers. This would not only be in assisting with efforts to leverage current County funding streams, such as funding for public-private partnerships, expanded clinic capacity and, potentially, a portion of MHSA PEI funds, but also in reviewing and ensuring that current County services provided in conjunction with school health centers are being coordinated for maximum benefit.

The County's goal is to improve health and mental health outcomes for its clients and to make the most efficient use of resources, by promoting proven service models and prevention principles that are population-based, client-centered, and family-focused. County Departments can contribute to this goal by partnering with school districts, private providers, and community based organizations to ensure optimal integration of County-provided services provided at, or linked to, schools throughout Los Angeles County.

FUTURE STEPS AND ANTICIPATED TIMING

The County workgroup recently met to review the draft standards developed by the LA Health Action-affiliated group. A subsequent meeting between both groups has been scheduled to further discuss the standards and address any questions.

Further, a template for recommended budgets for the projects will be developed, which will vary between sites regarding staffing costs, the amount of staffing needed (doctors, nurses, administrative staff), how many visits the school health clinic is expected to provide, and the services that will be offered at the clinic. Most importantly, the budget will need to address the availability of funding streams for the clinic in order to accomplish sustainability beyond three years.

Other areas which will be addressed by the County workgroup include legal issues, contracts, and health information sharing.

In addition, CEO staff will schedule meetings with community organizations who have expressed interest in the development of this plan and in providing input regarding the specific needs of the communities in which they are based, as well as school districts.

As noted above, CEO staff will work with DMH on the planning efforts with the Board offices regarding implementation of the portion of MHSA PEI funds potentially available for school health projects.

As directed by the Board, the final report will reflect recommendations regarding: 1) the potential sites for integrated school-based health center projects within the County to ensure they target underserved children; 2) recommended budgets for the projects; 3) opportunities to leverage funds for the proposed projects; 4) the ways in which the proposed integrated school-based health center projects would be sustained, replicated and expanded beyond three years; and 5) performance measures and timelines to ensure the projects could be adequately implemented, monitored and evaluated to ensure accountability and encourage best practices.

As noted above, the final report is expected to be provided to the Board by October 2009, consistent with the anticipated timeframe for completion of the DHS solicitation process to award funds for expanded clinic capacity and the planning process underway for proposed use of MHSA PEI funds, a portion of which has been identified for school related projects. Coordination of these efforts is critical in leveraging funding opportunities to implement the potential school health center projects.

Attachment II Interim Report ISHC

LOS ANGELES COUNTY
INTEGRATED SCHOOL HEALTH CENTERS
COUNTY INTERDEPARTMENTAL WORKGROUP
AUGUST 2009

Chief Executive Office

Sheila Shima
James Sokalski
Cynthia Zapata

Department of Health Services

Cheri Todoroff
Gretchen McGinley
Margaret Lee

Department of Mental Health

William Arroyo
Paula Packwood
Lillian Bando
John Hatakeyama

Department of Public Health

Cindy Harding
Wendy Schiffer
Michael Leighs

LOS ANGELES COUNTY
INTEGRATED SCHOOL HEALTH CENTERS
L.A. HEALTH ACTION-AFFILIATED AD-HOC GROUP
AUGUST 2009

California School Health Centers Association

Serena Clayton
Sang Leng Trieu

Community Clinic Association of Los Angeles County

Cynthia Carmona
Louise McCarthy

Integrated Behavioral Health Project

Mary Rainwater

L.A. Health Action

Ron Hansen
Jessica Jew
Mandy Johnson

Los Angeles Trust for Children's Health

John DiCecco
Pam Wagner

Los Angeles Unified School District

Kimberly Uyeda

Los Angeles County Department of Public Health

Michael Leighs
Wendy Schiffer

Pacific Health Consulting Group

Bobbie Wunsch

EXAMPLES OF CURRENT AND PLANNED SCHOOL HEALTH CENTERS

- LAUSD – Existing and Proposed Sites

As the largest school district in the County, LAUSD has implemented various efforts for school health centers.

LAUSD has opened clinics recently, and existing clinics have been and will continue to be expanded. LAUSD is also working on developing services at Belmont HS, Manual Arts HS, and is hoping to see new clinics at Locke HS, Washington HS, Garfield HS, and additional sites yet to be determined.

- Sun Valley School Health Center - Sun Valley opened on March 17, 2008, as a public-private joint venture between the County and private healthcare providers, with support from the Third Supervisorial District, in which the school is located. The Department of Health Services provided funding to build the facility on school grounds. The facility is operated by Northeast Valley Health Corporation in cooperation with LAUSD.

The Sun Valley School Health Center provides services to students, as well as to the community. The services provided at the facility consist of pediatrics, adult medicine, family planning, gynecology, dental, and limited mental health and medical nutrition services. In addition, space at the clinic has been set aside for staff from the Women, Infants and Children (WIC) program.

CEO staff recently conducted a site visit to the clinic, and other school health centers operated by Northeast Valley Health Corporation. Information obtained from those visits will be incorporated into the final report and recommendations. Further, CEO staff will review the initial planning documents for the Sun Valley School Health Center which may be helpful in developing the template for a potential budget for the proposed school health center sites.

- Marshall High School

The school health clinic at Marshall HS (Marshall) is operated by Asian Pacific Health Care Venture, a non-profit, community-based, FQHC provider. The clinic also accepts students from surrounding middle schools. The clinic at Marshall was established in 2001 and the services provided include: physical exams, immunizations, primary health testing and treatment, nutrition counseling, referrals for specialty care,

psychological counseling, family planning, sexually transmitted infections (STI) testing and treatment, human immunodeficiency virus (HIV) testing and counseling, and health insurance enrollment for students and families.

- Jordan High School

Jordan High School currently offers an array of services provided by different entities, including primary health care and behavioral health services. CEO staff continue researching Jordan HS, and additional information will be reviewed and incorporated, as appropriate, in the final report and recommendations

- Belmont Wellness Center

The Belmont Wellness Center is a pilot school based community health project designed for a projected 80,000 client population. Asian Pacific Health Care Venture, Inc., in collaboration with LAUSD, Belmont HS, and Kaiser Permanente is developing the Belmont Wellness Center, a comprehensive school and community health center. It is planned that this Wellness Center will integrate comprehensive primary and preventive health care, mental health services, oral health, nutrition education, and youth after-school activities, leadership development, support services, and health and fitness education. Services will be available to students and the community.

- Charter Schools

- Vaughn Next Century Learning Center School Based Clinic/"Panda Clinic"

Vaughn Next Century Learning Center School Based Clinic opened in February 2000. The clinic opened with an emphasis on primary care and referral resource for parents and school nurses. However, Vaughn and two other school clinics at Kennedy HS and Pacoima Middle School were closed in 2002 due to lack of funding resources, reflecting the challenges facing school health centers.

Vaughn reopened in January 2003 for four hours per day with grant funding from LA Care through December 2003. In November 2003, Vaughn received a three year grant from UniHealth Foundation to continue services. In April 2008, Vaughn received a three year grant from UniHealth Foundation to fund additional staff.

The clinic also provides access to neighboring schools, and is located in an area that is medically underserved. CEO staff continue researching Vaughn, and additional information will be reviewed and incorporated, as appropriate, in the final report and recommendations.

- Locke High School

Locke High School is one of the charter schools operated by Green Dot Schools and has been identified as one of LAUSD's "health hot spots."

The County group will meet with Green Dot Schools to discuss their efforts as related to school health centers. CEO staff continue researching Locke HS, and additional information will be reviewed and incorporated, as appropriate, in the final report and recommendations